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_	•				M	(Signature)
				July 1, 2008	8	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	//	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,579	10/576,579 04/20/2006		Doo Hyeb Yoon		CU-4794 RJS	4326
	: METAL-INSULATOR	TRANSITION SWITC	•	D METHOD FOR N	MANUFACTURING THE S	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/09/2008
EXAMINER		ART UNIT CLASS-SUBCLA				
PHAM, LONG		2814	257-355000 01 FC:2501 720.00 DA 02 FC:1504 300.00 DA			
1. Change of corresponde	ence address or indicatio	n of "Fee Address" (37	2. For printing on the patent front page, list			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(I) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indi	ication (or "Fee Address 2 or more recent) attach	Indication form d. Use of a Customer (2) the name of a single firm (having as registered attorney or agent) and the name of a single firm (having as registered attorney or agents. It listed, no name will be printed.		igent) and the name: meys or agents. If n	s of up to	
3. ASSIGNEE NAME AL	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	oe)		
PLEASE NOTE: Unle	ess an assignee is ident	ified below, no assignee	data will appear on the part of the part o	atent. If an assigner	e is identified below, the d	ocument has been filed for
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
ELECTRONICS AND TELECOMMUNICATION			RESEARCH INSTITUTE Daejeon, Rep. of Korea			
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent):	Individual Cor	poration or other private gro	oup entity Government
4a The following fee(s) are submitted: Issue Fee \$720			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed:			
			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0400 (enclose an extra copy of this form).			
5. Change in Entity Stat	us (from status indicated		☐ b. Applicant is no long	ger claiming SMALI	L ENTITY status. See 37 Cl	FR 1.27(g)(2).
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Authorized Signature	An				y 1, 2008	
Typed or printed name	. Woochoon W	7. Park		Registration No	55522	
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